

In The Loop

Refugee Voices Bulletin

“In The Loop” is a bi-weekly data-driven humanitarian feedback newsletter, produced to inform organizations and local authorities delivering services to refugees, returnees, and host communities in Dadaab. Internews aims to achieve two-way humanitarian communications for closing feedback loops to support the humanitarian community’s effort to put the concerns and feedback of the affected populations at the forefront of their service delivery to enhance accountability. The Community feedback used in this report is sampled from recorded Vox pop interviews, social media platforms, and other feedback collected from the weekly live radio call-in show (Bilan) broadcasted in Dadaab by Nairobi’s Star FM’s Radio Gargaar 97.1FM. The topics of discussion for the period mapped were “State of Maternity and Delivery Services in Dadaab during COVID-19 Pandemic” and “Impact of Coronavirus on Livelihoods in Dadaab Refugee Camps”. In addition, the issue further highlights mobile survey outcome as conducted by GeoPoll in the month of July 2020 in Dadaab, Kakuma and Kalobeyi informal settlements. GeoPoll conducted the survey in two waves where Poll 1 was in English and Poll 2 in Somali language. Key to note is feedback on community awareness on protection violations reporting mechanisms, information needs and assistance on protection, persons having reported SGBV cases, protection assistance frequency, satisfaction on protection assistance and areas of improvement as well as skills empowerment.

A total of 756 interactions were recorded in the week of July 9 - August 2, 2020.

Data collected from 756 persons



237 Female
31%



519 Male
69%

Methods of data collection



ONLINE



ON-GROUND



ON AIR

MATERNAL HEALTH

Lack of ‘enough’ qualified female doctors in the hospitals is the reason women chose to deliver at home, although, ideally, I believe hospital delivery is safer because women can get medical care in case of complications. Therefore, I would say expectant mothers should choose to deliver in a hospital so that they get the services that they need for safe delivery.

Adult, Female, Hagadera Camp

Most women prefer to deliver at home because they do not get quality service at the hospital. We know delivery at the hospital is far much better than home delivery but, due to the circumstances at the hospital, we opt for home delivery.

Adult, Female, Hagadera Camp

Women deliver at home because they shy away from male nurses who attend to them. However, delivering at the hospital comes with benefits as expectant mothers can access services in case of any complexity including, bleeding and obstructed labor.

Adult, Female, Hagadera Camp

Most women in Dadaab camps deliver at the hospitals because well-trained men and women are working there. Currently, not many women deliver at home.

Adult, Male, Dagahaley Camp

Many mothers choose homebirths, which increases the risk of complications. I would say, let women get educated to attend to other womenfolk to overcome the excuse given by women that they do not want to be attended to by men during delivery. I applaud you for your service to the community.

Adult, Male, Dadaab

To make mothers deliver in health facilities, it is crucial to make them understand the importance of delivering in hospitals for both mother and child. We all know the challenges women can face when they deliver at home including loss of blood; such consequences can be contained if mothers opt for a health facility.

Adult, Male, Dadaab

I think mothers should be encouraged to deliver in health facilities because in the event of an emergency, treatment of the patient is guaranteed at a health facility compared to home. I would like to tell the mothers who are listening to the show to choose to deliver at the hospitals.

Adult, Female, Hagadera Camp

Mothers usually deliver at home because they do not receive good care at health facilities. I would say let them be cared for and informed on the advantages of delivering in a hospital.

Adult, Male, Dagahaley Camp

I think there must be issues making many women choose to deliver at home compared to a hospital. Let us find out the challenges so that they can be addressed.

Adult, Female, Hagadera Camp

Raising awareness on the importance of delivering in hospital both for the mother and the child should be prioritized.

Adult, Female, Ifo Camp

Delivering in a hospital does not help women; they meet with far many problems, including subjection to surgery before their due date time. I think they should deliver at home.

Adult, Male, Dadaab

I am happy with the Bilan program, I have learned a lot listening to it. I would like to inform women that they should visit the hospital during delivery so that their health can be monitored properly.

Adult, Female, Hagadera Camp

I have never delivered in a hospital, and I have never faced a problem. I do not think that if you do not give birth in a hospital, you will have difficulties.

Adult, Female, Fafi

Through phone calls, residents reiterated that in as much as they understand the importance of expectant mothers delivering at health facilities, they still choose home delivery because women get scared and shy away from being attended to by male nurses. They request health centers to increase women midwives to instill and promote the culture of women delivering at hospitals.

Residents, Dadaab

Impacts of Coronavirus on Livelihoods in Dadaab

FOOD SECURITY AND LIVELIHOOD

Thank you, WFP For Increasing Bamba Chakula!

The refugees are so vulnerable that they cannot afford anything without the support of partners. Thanks to WFP for increasing the Bamba Chakula program to Ksh1,000. It has at least improved household economy.

Adult, Female, Dadaab

I am a businessperson. Covid-19 has affected us in many ways, such as making many people jobless. Moreover, we ran out of stock, and items became expensive. It is very unfortunate.

Adult, Male, Dadaab

Coronavirus has affected everyone across the globe, not only the refugees. Refugees do not get enough support from organizations and they struggle a lot. Before Coronavirus, they used to get food ratio twice a month, this has been reduced to once monthly.

Adult, Male, Garissa

The refugees have been forgotten completely, particularly the youth who struggle with joblessness.

Adult, Male, Ifo Camp

I am a madrassa teacher. I am home since the start of Coronavirus, my wife too. We do not get any income from any other source.

Adults, Dadaab

Since the cessation of movement has been lifted economies are slowly bouncing back. Nonetheless, people are still struggling especially those families who used to rely on remittance are not doing so well.

Adult Male, Dagahaley Camp

The refugees are marginalized and vulnerable. They have suffered most from the effects of the pandemic. Many livelihoods have been lost particularly, those who used to depend on daily manual work. The organization's interventions and operations have reduced significantly too.

Adult Male, Hagadera Camp

Refugee life is hard. It is possible in a day you may not even get a dollar as an income. I would request organizations to support us during these hard times.

Adult Male, Dagahaley Camp

Through a phone call, residents in Dadaab camp stated that Coronavirus has significantly implicated their livelihoods due to a reduction in income streams. They further added that remittances that hugely contribute to household income are no longer received. They request humanitarian organizations to come up with initiatives to respond to some of the livelihood needs of refugees who are at heightened risk.

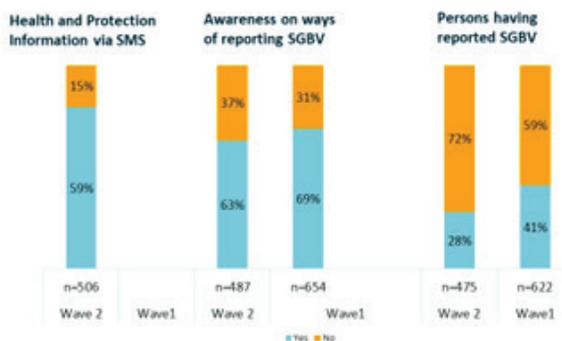
Residents, Dadaab Camp

GEO POLL SURVEY OUTCOME AND RECOMMENDATIONS

SAMPLING & DEMOGRAPHICS

The demographic split of respondents indicated more participation from males compared to females which were at 70 % and 30% respectively. Age band 15-30 years also had majority representation at 64%, followed by persons aged 31-49 years at 30%, and persons aged 50+ years were the least respondents with only 6%. 48% of the sample was from Kakuma, whereas Dadaab had 32%, Kalobeyei 7%, and 13% of the sample were in neither of the three locations.

Reporting Protection Violations/SGBV



Information sources on reporting SGBV	Wave 1 n=520	Wave 2 n=384
Film	39%	33%
SMS	24%	20%
Public address announcement	15%	18
Radio	9%	15%
All the above	13%	13%

59% of the sample have received health and protection information. There was 63% awareness on reporting SGBV, a decline from 69% in wave 1. A decline is also noted on SGBV violations reported, from 41% in wave 1 to 28% in wave 2. In terms of information sources film continues to lead as the popularity of radio grows, from 9% in wave 1 to 15% in wave 2.

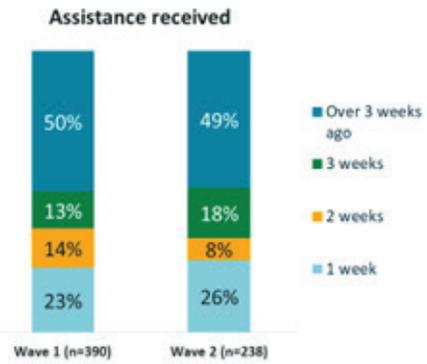
Have you ever received health & protection information through SMS? Are you aware of ways to report protection violations such as SGBV? | Have you reported protection violations such as SGBV? | If Yes, Where did you get information on how to report SGBV?



Information Needs/ Assistance on Protection

Information needs	Wave 2 n=180
Film	19%
SMS	20%
Public address announcement	29%
Radio	11%
All the above	20%

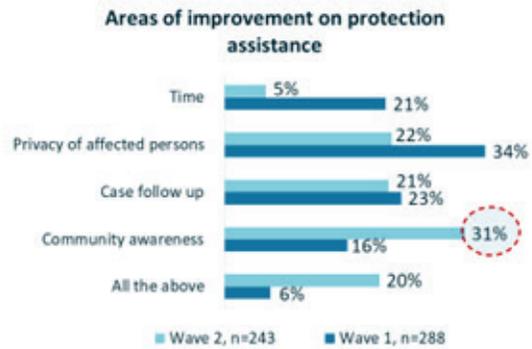
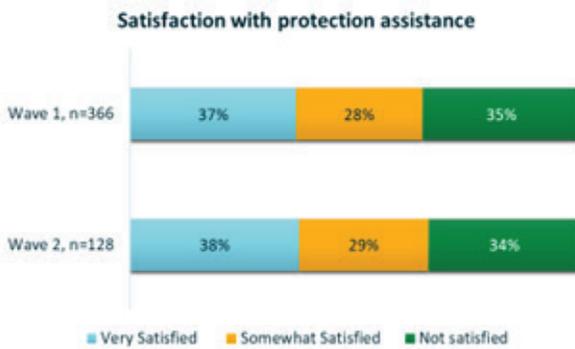
Protection assistance	Wave 2 n=154
Legal	22%
Medical	31%
Psychosocial support	27%
I did not need assistance	21%



Public announcements meet most needs compared to film, SMS and radio. Medical assistance has been the most sought after protection assistance as mentioned by 31% of the sample polled. In both waves 1 and 2, assistance is provided later than 3 weeks.



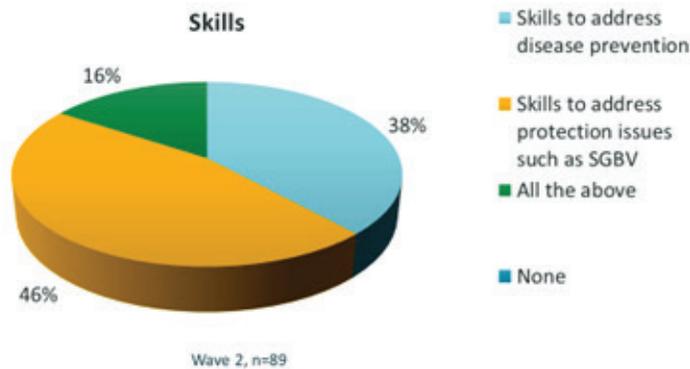
Satisfaction/Improvement on Protection Assistance



Marginal differences in satisfaction scores are observed. 38% were 'very satisfied' in wave 2 compared to 37% in wave 1. 35% were 'not satisfied' in wave 2 compared to 34% in wave 1. Community awareness requires most improvement as indicated by 31% of the sample polled in wave 2. In wave 1, privacy of persons affected had the most mentions at 34%, which polled 22% in wave 2; a near tie with case follow up in wave 2.



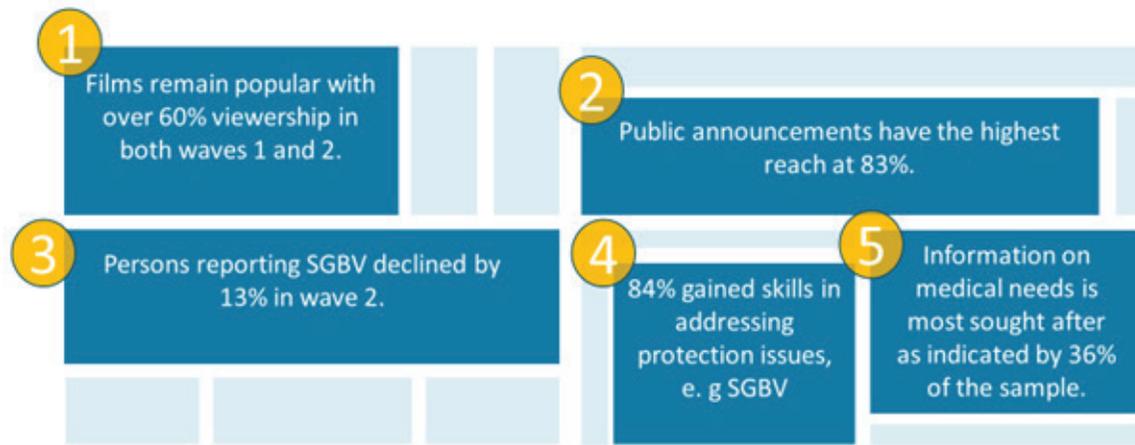
Skills Empowerment



46% gained skills in addressing protection issues, whereas 38% gained skills in disease prevention. 16% of the sample polled gained both skills.



Key Take Outs



Summary and Recommendations

- **Sampling and Demographics:** A slight increase in females is observed in wave 2. 70% of males responded to the survey compared to 30% females. Age band 15-30 years continues to have the highest representation at 64% despite 4% decline in wave 1. 48% of the sample was from Kakuma whereas Dadaab had 32%. In Wave 1, Dadaab had higher sample of the two regions.
- **Media interactions:** 35% of the sample polled claimed to have listened to Bilan show. Films remain popular in both waves 1 and 2 with 69% viewership in wave 2. Public announcements have gained more popularity in wave 2 with 83% claiming to have listened to a public announcement. We recommend further media communication by partners by incorporating radio aspects into films, and public announcements.
- **Reporting Protection Violation:** 59% have received health and protection information. 63% awareness on reporting SGBV was noted, a decline from 69% in wave 1. A decline is also noted on SGBV violations reported from 41% in wave 1 to 28% in wave 2. In terms of information sources film continues to lead as the popularity of radio grows, from 9% in wave 1 to 15% in wave 2. We recommend partners to flesh out the survey by location to further explore the impact of communication on reporting violations.
- **Information Needs:** 29% of the sample indicated that public announcements meet most of their information needs. A new question on specific protection assistance was introduced in wave 2. Medical assistance is the most sought-after protection assistance as mentioned by 31% of the sample polled. In both waves 1 and 2, assistance is provided later than 3 weeks. Internews will have similar survey options for this question in the next wave to allow better tracking in wave 3.
- **Satisfaction on protection assistance:** Marginal differences in satisfaction scores are observed. 38% were 'very satisfied' in wave 2 compared to 37% in wave 1. 35% were 'not satisfied' in wave 2 compared to 34% in wave 1. Community awareness requires most improvement as indicated by 31% of the sample polled in wave 2. In wave 1, privacy of persons affected had the most mentions at 34%, which polled 22% in wave 2; a near tie with case follow up in wave 2. For the question on new skills gained, Internews will add a follow up question in wave 3 to measure application of skills in respective communities.
- **Skills Empowerment:** 8 out of 10 people gained skills in the community through the Refugee Voices Project; skills relating to addressing SGBV as well as disease prevention. Quite a good indication and kudos to the partners involved.

SUGGESTIONS

How should UNHCR and partners respond to community feedback?

- Even though most of the community members understand the importance of facility-based deliveries, they still prefer homebirths in a bid to evade being attended to by male nurses out culturally inflicted fear and shame. Increased awareness on the benefits of women delivering at health facilities, and debunking the negative attitudes deterring women access to maternal health is crucial to encourage and promote access to maternal health care. This can be done through narrowcast messaging on dedicated days of the week or months or through a monthly radio show.
- The community expressed concerns of how their livelihoods have been undermined by the COVID-19 pandemic. This was coupled with mounting requests for assistance from humanitarian organizations as they live in unprecedented circumstances. We, therefore, suggest partners to look into strategies of supporting the most vulnerable to keep them from plunging into long term poverty.

For more information on **"In The Loop"** Bulletin and Communicating with Communities efforts by Internews in Kenya, please contact Stellar Murumba on smurumba@INTERNEWS.ORG